

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ JUL 30 2021 ★

LONG ISLAND OFFICE

JONATHAN NEIRA

Plaintiff,

[Insert full name of plaintiff/prisoner]

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

JURY DEMAND

YES ☒ NO ☐

-against-

CV 21 4338

AZRACK, J.

SHIELDS, M.J.

NASSAU COUNTY POLICE DEPARTMENT

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff JONATHAN NEIRA

If you are incarcerated, provide the name of the facility and address:

NASSAU COUNTY CORRECTION CENTER

100 CARMEN AVENUE

EAST MEADOW, NY 11554

Prisoner ID Number: 2021000681

If you are not incarcerated, provide your current address:

Telephone Number:

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

MANTOVAN
Full Name

POLICE OFFICER SERIAL # 9786
Job Title

Address

Defendant No. 2

LOUIS A MONTELEONE III
Full Name

POLICE OFFICER
Job Title

Address

Defendant No. 3

Full Name

Job Title

Defendant No. 4

Address

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? INSIDE CVS PHARMACY BUSINESS ESTABLISHMENT LOCATED ON GRAND AVENUE NORTH BALDWIN HARBOR, NY 11510

When did the events happen? (include approximate time and date) AROUND 9:45 AM - 10:45 AM
ON SUCH DATE: 4/21/21

Facts: (what happened?) EARLY THAT MORNING I WALKED INSIDE CVS TO PICK-UP MY MONTHLY MEDICINE TREATMENT CYCLE, 30MG OXYCODONE AND 2MG XANAX THAT HAD ENDED ON 4/18/21. I HAD FOLLOWED UP WITH REFILL ON 4/19/21 TO CHECK STATUS WITH SELF REPRESENTATIVE BUSINESS RECORD'S BOOK (JWNM PRODUCT SOLUTIONS LLC.) AND WAS TOLD AS STATED BY GENERAL MANAGER, YANNY, "WAITING FOR DOCTOR TO PROCESS PRESCRIPTION." ON FOLLOWING DATE 4/20/21 I RETURNED TO CHECK STATUS OF MY MEDICINE REFILL AND "YANNY" STATED, "STILL WAITING FOR DOCTOR TO RESPOND" WITH A PASSIVE NEGLIGENCE ATTITUDE WITHOUT CARING. I INSISTED TO PLEASE CALL, WHICH SHE THEN PROCEEDED TO CALL AND SPOKE TO MY NEURO-SURGEON, DOCTOR ROBERT HOLTZMAN THAT STATED TO PROCESS MY CONTINUOUS MONTHLY PRESCRIPTION CYCLE UNDER HIS SUPERVISION WHILE HE WAS ON THE ROAD AND NOT NEAR HIS DESK. SHE STATED, "I CANNOT PROCESS PRESCRIPTION WITHOUT A PRE-AUTHORIZATION." ON 4/21/21 I RETURNED BACK TO CVS THAT MORNING WITH MY BUSINESS RECORD'S BOOK TO MAKE ARRANGMENT TO GET MY MEDICINE REFILL AS A FEIC SELF-EMPLOYED REPRESENTATIVE WHEN I WAS BEING NEGLECTED BY STAFF MEMBERS REFUSING TO SPEAK TO ME AND REFUSING TO GET THE MANAGER OR SUPERVISOR TO TALK WITH ME. I THEN SAID, "I AM GOING TO CHECK FOR MY MEDICINE UNTIL MANAGER GETS HERE TO CONVERSE WITH ME." I THEN UNLOCKED THE COUNTER-TOP IN PHARMACY SECTION IN FRONT OF ALL STAFFS TO CHECK FOR MEDICINE WHEN THEY STARTED SCREAMING AND RUNNING OUT OF STORE WITH NO LOGICAL REASONING. MORE THAN 5 POLICE OFFICERS ENTERED AND WALKED TOWARDS ME WITH GUNS DRAWN TO MY BODY STATING "PUT YOUR HANDS UP" I REPLIED WHILE STERRING AT THEM "PUT YOUR FUCKING GUNS DOWN, I AM MILITARY," I MOVED TO THE OTHER AILED WITHOUT MOVING UNTIL THEY APPROACHED ME & STARTED ASSAULTING ME AS SHOWN INSIDE CVS CAMERAS RECORDING.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I WAS GUN BUTTED ON MY FOREHEAD AND KICKED NUMEROUS TIMES WHILE AND AFTER ROLLING DOWN TO THE FLOOR WITH PRE-EXISTING INJURIES WHICH I WAS SHOT IN THE BACK OF MY HEAD IN 2011 (9/20/11) SUFFERING FROM LEGALLY BLIND, TBI & CORTICAL BLINDNESS WITH EXTRAORDINARY NEUROLOGICAL PAIN GOING FROM MY BRAIN TO MY BACK SPINE TO MY LEGS WITH MULTIPLE EXISTING BULLET FRAGMENTS STILL INSIDE MY BRAIN. ON SUCH ARREST DATE 4/21/21 I WAS TRANSPORTED TO THE EAST MEADOW, NY HOSPITAL TO GET TREATED, TO GET A CAT-SCAN

INSIDE CVS ARRESTED ON DATE 4/21/21

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FACTS:

NASSAU COUNTY POLICE DEPARTMENT
PROPERTY RECEIPT

DATE/TIME: 04/23/21 > INACCURATE DATE FILED OF PROPERTY
NAME: NEIRA, JONATHAN RECEIPT DEFENDANT

04/21/21:

ARREST NUMBER: 2021AR504205 CASE FOLDER NUMBER: 2021CR332434
NEIRA, JONATHAN

★ I HAVE REQUESTED ALL PARTICIPATING POLICE OFFICER'S NAMES THAT WERE PART OF THAT DAY ARREST EVENT THROUGH ALBANY MOTOR VEHICLES F.O.I.L FORM VIA MAIL AND TWICE AND HAS NOT RECEIVED ANY INFORMATION BESIDES WHAT I GOT ARRESTED WITH. FURTHERMORE, PRIVATE ATTORNEY EVAN KINTER WAS HIRED AND VISITED ME ON 5/4/21 BY FAMILY SIBLING AND IS STILL FALSE REPRESENTING DUE TO JONATHAN NEIRA HAS SEALED INDITMENT IN ANY COURT OF LAW AND FULL GOVERNMENT IDENTIFICATION; JONATHAN WILLIAM NEIRA MARQUEZ HAS NEVER EXISTED IN ANY COURT OF LAW.

RELIEF:

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REQUESTING FOR THE COURT TO EXAMINE AND REVIEW THE VIDEO
CAMERAS RECORDING ON SUCH ARREST EVENT FOR MY SUPPORTIVE
MISJUSTICE COMPLAINT WITHOUT PREJUDICE DUE TO MY
IMPAIRMENT DISABILITY TO THE SELF EXPLANATION OF WHAT OCCURED
THAT MORNING,

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AND 2 TIMES RECEIVED MY 30MG. OXYCODONE FOR THE PAIN AND A REPORT STATING, "I WAS ONLY ALLEGEDLY ATTAINED BY POLICE OFFICERS UNTIL THE MORNING, HE WOULD BE RELEASE, 2 FTS WOULD BE SUFFICIENT UNTIL HIS RELEASE."

III. **Relief:** State what relief you are seeking if you prevail on your complaint.

I AM SEEKING MONETARY COMPENSATION FOR VIOLATING ALL MY CIVIL RIGHT AMENDMENTS WITH PREJUDICE AND CAUSING LIFE THREATNING INJURIES WITH NO PROBABLE CAUSE WHILE KNOWLEDGEABLE IN REGARDS; I AM REGISTERED AS LEGALLY BLIND THROUGH NYS COMMISSION FOR THE BLIND UNDER (ADA) ADMINISTRATION DISSABILITY ACT.
RELIEF: \$17 MILLION

I declare under penalty of perjury that on July 28, 2021, I delivered this
(date)
complaint to prison authorities at NCCC to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 7/28/21

Jonathan Neira
Signature of Plaintiff

NASSAU COUNTY CORRECTION CENTER
Name of Prison Facility or Address if not incarcerated

100 CARMEN AVENUE

EAST MEADOW, NY 11554

Address

2021000681
Prisoner ID#

JONATHAN NEIRA
ICN: 2021000681
E1-F29

100 CARMEN AVENUE
EAST MEADOW, NY 11554



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UNITED STATES DISTRICT COURT
100 FEDERAL PLAZA
CENTRAL ISLIP, NY 11722
ATTENTION: PRO SE OFFICE

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